



## **REGISTERED NURSE EDUCATION SCHOLARSHIP PROGRAM INSTRUCTIONS**

### **PROGRAM DESCRIPTION**

The Registered Nurse Education Scholarship Program is one component of the Registered Nurse Education Program whose goal is to increase the number of registered nurses practicing in medically underserved areas.

Detailed information about medically underserved areas and facilities in California can be found on the HPEF website at: [www.healthprofessions.ca.gov](http://www.healthprofessions.ca.gov).

Scholarship applications are accepted biannually. A student may apply for a scholarship for each academic year that he/she is enrolled in a BSN program and meets the eligibility requirements. The maximum scholarship award is \$8,000 per year.

**The program is funded through a \$5 license renewal surcharge for registered nurses.**

### **ELIGIBILITY REQUIREMENTS**

The applicant must meet the following requirements:

- ❖ Be a U.S. citizen or a permanent resident and a California resident.
- ❖ Be enrolled or accepted for enrollment in an accredited baccalaureate of science degree nursing program in California.
- ❖ Be enrolled in at least 6 units for each semester/quarter that scholarship funds are sought.
- ❖ Have and maintain at least a 2.0 GPA for each semester/quarter funds are sought.
- ❖ Agree to practice as a registered nurse in direct patient care for at least two years in a medically underserved area in California.
- ❖ Submit completed application packet, along with two photocopies of the entire completed application packet, by the final filing date.

## APPLICATION REQUIREMENTS

The applicant must submit the completed application packet, **plus two photocopies of the entire completed application packet**, by the due date. The completed application packet consists of the following:

- ❖ The attached “Health Professions Education Foundation Registered Nurse Education Scholarship Program Application”. Personal statements or autobiographies will not be accepted in lieu of the application. Please do not bind or submit applications in a loose-leaf binder.
- ❖ Two letters of recommendation. It is recommended that at least one letter be from a faculty person. The letters must be on letterhead, dated and signed within six months of the final filing date and must include a phone number for verification.
- ❖ Graduation Date Verification Form (page 6 of the application) with **original signature**.
- ❖ Official college transcripts for at least the last two years. If you have been out of school for the past two years, submit your most recent transcripts. All official transcripts related to your nursing degree should be provided. If the upcoming academic year is the first year you will enroll in a nursing program, please submit official transcripts for your pre-nursing course work.
- ❖ Final 2002-2003 Student Aid Report (SAR). Applicants are expected to submit a copy of their final Student Aid Report that reflects the expected family contribution (EFC). Applicants should file a FAFSA prior to March 2<sup>nd</sup> in order to ensure that they have the SAR to file with their Associate Degree Nursing Scholarship Application. The FAFSA is available from all college financial aid offices and is also available on the internet at <http://www.ed.gov/offices/OPE/express.html>. Applicants who do not apply for financial aid must submit complete copy of 2001 Federal tax return along with W-2s. State tax returns are not required and will not be accepted in lieu of federal tax returns.

Applications that do not include community service documentation will be accepted; however, absence of the information will reduce the likelihood of selection for a scholarship.

**APPLICATION  
FILING  
DEADLINES:  
MARCH 27, 2002 &  
SEPTEMBER 11,  
2002**

Only complete applications will be evaluated. The Foundation will not notify applicants of any deficiencies. Applicants are urged to contact the Foundation Office at least 10 days prior to the final filing date to verify whether their application was received complete and accurate.

**SELECTION  
CRITERIA**

Selection of scholarship recipients is based solely on information contained in the application packet. Therefore, applicants should provide specific responses to the questions. The criteria used in determining the award of scholarship are the applicant's:

- ❖ Background---family structure, area(s) where you grew up (rural, urban, suburban or medically underserved), socioeconomic status, achievements, challenges;
- ❖ Community Involvement---documented volunteer service and activities particularly in medically underserved areas;
- ❖ Work Experience---nursing and non-nursing work experience in medically underserved areas;
- ❖ Career Goals---professional goals and plans for the next five to ten years;
- ❖ Academic Performance---prior and current academic performance and potential for future academic success; and
- ❖ Financial Need---actual or potential difficulty in completing education in the absence of financial assistance.

Priority is given to full and part-time students who will complete their BSN requirements within the next two years. Applicants who have previously received scholarships are not guaranteed funding for the second year. Due to limited funding, any recipients who breach their contract with the Foundation will not be allowed to apply for additional funding.

**NOTIFICATION OF  
SCHOLARSHIP  
AWARDS**

Applicants will be notified in writing within 8 weeks of the final filing date of the decision on his/her application.

**CONDITIONS FOR  
GRANTING A  
SCHOLARSHIP**

Scholarship recipients must sign a contract with the California Office of Statewide Health Planning and Development. The contract requires the recipient complete a baccalaureate degree in nursing program. The contract also requires the recipient to practice direct patient care nursing in a medically underserved area of California for at least two years. Recipients are required to repay the scholarship if the contract terms are not fulfilled.

**Direct patient care** means the provision of health care services directly to individuals treated for, or suspected of having a physical or mental illness. Direct patient care includes preventive care. The first line of supervision of direct care shall also be considered direct patient care.

A **medically underserved area** (MUA) or medically underserved population (MUP) means a facility or population meeting the specific criteria as set forth by the State of California, Office of Statewide Health Planning and Development and/or the U.S. Department of Health and Human Services.

**REMINDER**

The applicant is urged to contact the Foundation office at (916) 653-0860 or (800) 773-1669 at least 10 days prior to the final filing date to verify whether his/her application was received complete and accurate. The Foundation will not place calls to request additional information or clarify any information provided.